Notice of Exempt Offering of Securities

# U.S. Securities and Exchange Commission Washington, DC 20549

**OMD APPROVAL** 

OMD Number: 3235-0076 Expires: March 31, 2009

Estimated average burden hours

per response: 00.40

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

142638

Item 1. Issuer's Identity				
Name of Issuer	Previous Name(s)	☑ None	Entity Type (Select one)	
Goldman Sachs Multi-Strategy G-Family Fund, LLC	FIGUIDS (VAITIE(S)	E None	☐ Corporation	
Jurisdiction of Incorporation/Organization			☐ Limited Partnership	
DE			☐ Limited Liability Company ☐ General Partnership	
DE	<u> </u>		☐ Business Trust	
Year of Incorporation/Organization			☐ Other (Specify)	
(Select one) □ Over Five Years Ago   ☑ Within Last Five	Years 2007	☐ Yet to Be Formed	d   []	
☐ Over Five Tears Ago ☑ Within Last Five	(specify year)	— — — — — — — — — — — — — — — — — — —		
(If more than one issuer is filing this notice, check th		nal issuer(s) by attaching	Items 1 and 2	
Item 2. Principal Place of Business a	nd Contact Information	on		
Street Address 1		Street Address 2		
One New York Plaza	PROCESSED	)	09037580	
One New Tork Haza	11/0 0 200 2			
City	State/Monthod/Confulling	ZIP/Postal Code	Phone No.	
New York	TINE TO ALDEUT	nc 10004	(212) 902-1000	
Item 3. Related Persons	HOMOOM KEGIE	(K)	SEC	
Last Name	First Name		Processing Section Middle Name	
Goldman Sachs Hedge Fund Strategies, LLC		MAD	737009	
Street Address 1		Street Address 2	7 2003	
One New York Plaza			nington, DC	
THE NEW TOTK I IAZA		<del></del>	1(0(3)	
City	State/Province/Country	ZIP/Postal Code	Phone No.	
New York	NY	10004	(212) 902-1000	
Relationship(s):	☐ Director	☑ Promoter*		
Clarification of Response (if necessary): *the Issu	0 0			
(Identify ac Item 4. Industry Group (Select one)	dditional related persons b	y checking this box ☑	and attaching Item 3 Continuation Page(s).)	
□ Agriculture	☐ Business Service	es	☐ Manufacturing	
Banking and Financial Services	Energy		Real Estate	
☐ Commercial Banking ☐ Insurance	☐ Electric Utilitie	S	☐ Commercial ☐ Construction	
☐ Investing	□ Energy Conse	ervation	☐ REITS & Finance	
☐ Investment Banking_	☐ Coal Mining		<ul> <li>☐ Residential</li> <li>☐ Other Real Estate</li> </ul>	
Pooled Investment Fund If selecting this industry group, also	☐ Environmental	l Services	□ Retailing	
select one fund type below and	☐ Oil & Gas ☐ Other Energy Health Care ☐ Biotechnology		☐ Restaurants  Technology  ☐ Computers ☐ Telecommunications ☐ Other Technology	
answer the question below:				
☐ Hedge Fund ☐ Private Equity				
☐ Venture Capital Fund				
☑ Other Investment Fund				
Is the issuer registered as an investment company under the	Health Insurar	nce	Travel	
Investment Company Act of	☐ Hospitals & Ph	nysicians	☐ Airlines & Airports	
1940?	☐ Pharmaceutica	als	☐ Lodging & Conventions	
☐ Yes ☑ No ☐ Other Banking & Financial Services	☐ Other Health (		☐ Tourism & Travel Services ☐ Other Travel	
Other Banking & Financial Services	Li Other neath t	Jai G		
			□ Other	

## U.S. Securities and Exchange Commission Washington, DC 20549

OR	☐ \$1,000,00 ☐ \$5,000,00 ☐ \$25,000,00 ☐ Over \$100 ☑ Decline to	0,000 1 - \$5,000,000 1 - \$25,000,000 01 - \$100,000,000 ,000,000 Disclose	
aimed (Selec	t all that appl	y)	<u> </u>
Investment	Company Act Sec	ction 3(c)	
☐ Section ☐ Section ☐ Section ☐ Section ☐ Section ☐ Section	3(c)(2) 3(c)(3) 3(c)(4) 3(c)(5) 3(c)(6)	☐ Section 3(c)(9) ☐ Section 3(c)(10) ☐ Section 3(c)(11) ☐ Section 3(c)(12) ☐ Section 3(c)(13) ☐ Section 3(c)(14)	Mail Processing Section MAR 13 2009 Washington, Di
			103
	OR	☐ First Sale Yet to Occ	cur
	<del></del>		
?		□No	
that apply)		·	<del></del>
□ Ter □ Min ☑ Oth	□ Pooled Investment Fund Interests □ Tenant-in-Common Securities □ Mineral Property Securities ☑ Other (Describe)  Limited Liability Company Interests		
pination transaction	on, such as a mer	ger, acquisition or exchange	offer?
	Investment  Section Section Section Section Section Section Termination Investment	OR   \$1 - \$1,000,000   \$5,000,000   \$25,000,	OR

### U.S. Securities and Exchange Commission Washington, DC 20549

Item 11. Minimum Investment	· · · · · · · · · · · · · · · · · · ·				
Minimum investment accepted from any outside investor \$ 0					
Item 12. Sales Compensation					
Recipient	Recipient CRD Nu	ımber	] [] N- 005	N. N. L. come la come	
Goldman, Sachs & Co.	361	361		☑ No CRD Number	
(Associated) Broker or Dealer ☑ None	(Associated) Brok	er or Dealer CRD Number	7		
	_]		□ No CRE	) Number	
Street Address 1	Street Address 2			<del></del>	
85 Broad Street					
City State/Province/	Country	ZIP/Postal Code			
New York NY		10004			
States of Solicitation ☑ All States					
□ AL □ AK □ AZ □ AR □ CA □ CO	□ CT □ DE	☐ DC ☐ FL	□ GA [	⊒ні □ір	
□IL □IN □IA □KS □KY; □LA	□ ME □ MD	□ ма □ мі	□ MN [	⊒ мs □ мо	
MA O NE O NV O NH O NJ O NM	□ NY □ NC	□ ND □ OH	□ ок [	□ OR □ PA	
□ RI □ SC □ SD □ TN □ TX □ UT	□ VT □ VA	□ wa □ wv	□ wı [	□ wy □ pr	
(Identify additional person(s) being paid compensation by checking	g this box □ and attachi	ing Item 12 Continuation	Page(s).)		
tem 13. Offering and Sales Amounts				<del> </del>	
a) Total Offering Amount \$		OR 🗹	Indefinite	re.	
(b) Total Amount Sold \$ 55,000,000			٨	Aeil Brocessing Section	
(c) Total Remaining to be Sold \$ (subtract (a) from (b))	· · · · · · · · · · · · · · · · · · ·	OR	Indefinite	IAR 13 2009	
Clarification of Response (if necessary)			100		
				<del>29hing<b>ion,</b> D</del> G 103	
Item 14. Investors					
Check this box  if securities in the offering have been or may be such non-accredited investors who already have invested in the off	sold to <u>persons who do</u> fering:	not qualify as accredited	investors, and	l enter the number of	
Enter total number of investors who have already invested in the of	ffering:				
Item 15. Sales Commissions and Finders' Fees Ex	penses				
Provide separately the amounts of sales commissions and finders' pox next to the amount.	fees expenses, if any.	If an amount is not know	n, provide an e	estimate and check t	
s	Sales Commissions \$	0		☐ Estimate	
F	ے Finders' Fees \$ ך			☐ Estimate	
Clarification of Response (if necessary)		0			
<del>-</del>					
		· · · · · · · · · · · · · · · · · · ·			

# U.S. Securities and Exchange Commission Washington, DC 20549

Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.	0 □ Estimate
Clarification of Response (if necessary)	
Signature and Submission	
Please verify the information you have entered and review the Terms of Subm	nission below before signing and submitting this notice.
Terms of Submission. In submitting this notice, each identified issuer is:	
written request, in accordance with applicable law, the information furnished to Irrevocably appointing each of the Secretary of the SEC and the Se which the issuer maintains its principal place of business and any State in whi that these persons may accept service on its behalf, of any notice, process or registered or certified mail, in any Federal or state action, administrative proce jurisdiction of the United States, if the action, proceeding or arbitration (a) arisisubject of this notice, and (b) is founded, directly or indirectly, upon the provisi the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the I these statutes; or (ii) the laws of the State in which the issuer maintains its principal states.	curities Administrator or other legally designated officer of the State in ch this notice is filed, as its agents for service of process, and agreeing pleading, and further agreeing that such service may be made by seding, or arbitration brought against the issuer in any place subject to the es out of any activity in connection with the offering of securities that is the ions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, Investment Advisers Act of 1940, or any rule or regulation under any of
"This undertaking does not affect any limits Section 102(a) of the National Sec 290,110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require are "covered securities" for purposes of NSMIA, whether in all instances or du cannot routinely require offering materials under this undertaking or otherwise to do so under NSMIA's preservation of their anti-fraud authority.	information. As a result, if the securities that are the subject of this Form D te to the nature of the offering that is the subject of this Form D, States
Each identified issuer has read this notice, knows the contents to be true, and duly authorized person. (Check this box □ and attach Signature Continuation represented by signer below.)	
Issuer(s)	Name of Signer
Goldman Sachs Multi-Strategy G-Family Fund, LLC	David Kraut
Signature	Title
and m	Vice President of the Issuer's Managing Member
Number of continuation pages attached: 1	Date March_12, 2009
Persons who respond to the collection of information contained in this form are number.	e not required to respond unless the form displays a currently valid OMB

# U.S. Securities and Exchange Commission Washington, DC 20549

### **Item 3 Continuation Page**

Item 3. Related Person (Continued			Middle Name
Last Name	First Name	<del></del>	Middle Name
Barbetta Street Address 1	Jennifer	Street Address 2	
One New York Plaza		Sileet Address 2	
City	State/Province/Country	ZIP/Postal Code	Phone No.
New York	NY NY	10004	(212) 902-1000
<u> </u>			(2.2) 302-1000
Relationship(s):	☑ Director* ector of the Issuer's Managing M	☐ Promoter ember	
	_		
Last Name	First Name		Middle Name
Clark	Kent		
Street Address 1		Street Address 2	
One New York Plaza			
City	State/Province/Country	ZIP/Postal Code	Phone No.
New York	NY	10004	(212) 902-1000
Relationship(s):	☐ Director	☐ Promoter	Mail Processing
Clarification of Response (if necessary): *Exe	cutive Officer of the Issuer's Man	naging Member	Section
			MAR J.3.2009
Last Name	First Name		Middle Name
			Washington, DC
Street Address 1		Street Address 2	1 <del>63</del>
City	State/Province/Country	ZIP/Postal Code	Phone No.
Relationship(s):   □ Executive Officer	☐ Director	□ Promoter	
Clarification of Response (if necessary):	L Director		
Last Name	First Name		Middle Name
	1 Hat INditio		INIQUIE MAIIIE
Street Address 1		Street Address 2	
·			**************************************
City	State/Province/Country	ZIP/Postal Code	Phone No.
Relationship(s):   Executive Officer	— C Director	☐ Promotor	
Relationship(s):	☐ Director	☐ Promoter	
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